## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 12/02/2009 Note: A certificate of mailing can only be used for domestic mailings of the Feets) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

CUSTOMER NUMBER

Phereby certify that this Feeds Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2883, on the date indicated below

(Depositor's name)		22850		
(Signature)		22000		
(Date)				
ATTORNEY DOCKET NO. CONFIRMATION NO	FIRST NAMED INVENTOR	FILING DATE	APPLICATION NO	

						(Date)
APPLICATION NO	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFERMATION NO
10/812,145 TITLE OF INVENTION: I	03/29/2004 DIGITAL AUDIO PRO		am Edmund Cranstoun Ke	entish	282568US8X	2154
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUL	PUBLICATION FEE DUE	PREV PALD ISSUE	PEB TOTAL PEB(8) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/02/2010
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS			
H.ANDERS, A	NDREW C	2614	700-094000	,		
. Change of corresponden: TR 1.363).	dence address (or Cha 122) attached. ation (or "Fee Address' or more recent) attach	nge of Correspondence  Indication form ed. Use of a Customer	For printing on the p     (1) the names of up to     or agents OR, alternati     (2) the name of a single registered attorney or a     2 registered patent atto- listed, no name will be     THE PATENT (print or type	3 registered patent vely, e firm (having as a agent) and the name: rneys or agents. If n printed.	member a sof up to o name is 3 & Neu	Spivak. elland, Majer istadt, L.L.P.
PLEASE NOTE: Unles recordation as set forth i (A) NAME OF ASSIGN		ified below, no assignee pletion of this form is NO	data will appear on the p T a substitute for filing an (B) RESIDENCE: (CITY		e is identified below, the o	locument has been filed to
SONY UNITED I		MITED		Weybrid	dge, ENGLAND	
Please check the appropriat  4a. The following fee(s) are  \$\begin{array}{l} \text{ Issue Fee} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \end{array}  Publication Fee (No \)  Advance Order - # c	submitted: small entity discount p of Copies = 0 =	ermitted)	o. Payment of Fee(s): (Plea A check is enclosed.	ase first reapply any	rporation or other private gr y previously paid issue fee EFS-Web. te the required fee(s), any dr r 15 - 00 30 (enclose)	shown above)
<ol> <li>Change in Entity Statu</li> <li>a Applicant claims</li> </ol>	SMALL ENTITY state	is. See 37 CFR 1.27.			L ENTITY status. See 37 C	
NOTE: The Issue Fee and Interest as shown by the rea Authorized Signature Typed or printed name This collection of informat an application. Confidentia submitting the completed this form and/or suggestion	cords of the United Sta	mes D Hamilto	or .	Date		No. 28,421

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.